

# VERIFICATION OF ELIGIBILITY

CS-1830  
REV 3/2012

## Complete section 1 or 2 only

EMPLOYEE NAME	EMPLOYEE ID NO.	EMPLOYEE DAYTIME PHONE
CHILD NAME	CHILD BIRTHDATE	

### 1. STUDENT VERIFICATION OF ELIGIBILITY

**Student Eligibility Criteria:** To enroll or continue enrollment in state-sponsored health, dental, vision and life plans, a child must be:

1. A child by birth or legal adoption, step-child; or foster child placed by a State agency or the court,
2. Regularly attending an accredited educational institution (students may have a lapse of attendance for only one term or semester per calendar year to be considered regularly attending);
3. Unmarried;
4. Dependent on employee/OEAI parent for at least 50% of his or her support; AND
5. Ages 19 through 24.

The dependent of an Other Eligible Adult Individual (OEAI) is eligible for the health plan only.

**Required Documentation:** You must provide one of the following by fax or mail to the number or address below:

1. Current class schedule, transcript, or letter from the school stating the semester your dependent is enrolled OR
2. A tuition bill for the current semester, if in college OR
3. A class schedule for the prior semester completed, closest to your dependent's birthday.

The documentation must include the name of the child, school, and identify the academic term or semester.

NAME OF SCHOOL CHILD IS ATTENDING

**I certify that the child listed above meets all the student eligibility criteria.**

EMPLOYEE SIGNATURE

DATE

### 2. ADULT CHILD VERIFICATION OF ELIGIBILITY

The Patient Protection and Affordable Care Act (PPACA) of 2010 may allow children to enroll in their parent's or legal guardian's health care plan until age 26, regardless of marital status, student status, or dependency on you for financial support.

**Adult Child Eligibility Criteria:** To enroll or continue enrollment in a state-sponsored health plan only, a child must be:

1. A child by birth or legal adoption, step-child; or foster child placed by a State agency or the court,
2. Under age 26, AND
3. Without access to other employer-provided health insurance.\*

\*Children of employees hired on or after April 1, 2010 or represented by MSPTA only must meet eligibility criteria 1 and 2 above.

**Required Documentation:** You must provide one of the following (unless previously provided) by fax or mail to the number or address below:

1. A birth certificate OR
2. Court documentation supporting the relationship above AND a birth certificate or other government issued proof of age.

**Adult Child Dependent Life Eligibility Criteria:** To enroll or continue enrollment under a parent's or legal guardian's dependent life plan, a child must be:

1. A child by birth or legal adoption, step-child; or foster child placed by a State agency or the court,
2. Under age 23, AND
3. Dependent upon the parent or legal guardian for at least 50% of their support.

**I certify that the child listed above meets all the adult child eligibility criteria.**

EMPLOYEE SIGNATURE

DATE

**NOTE: Falsification of documents constitutes fraud and could require restitution of premiums, loss of insurance, and prosecution.**

Return the completed form and any required documentation to:

**MI HR Service Center**

Capitol Commons Center, 1<sup>st</sup> Floor, P. O. Box 30002  
Lansing, MI 48909

**Fax: (517) 241-5892**

Telephone: Toll Free (877) 766-6447; Lansing area (517) 335-0529;  
Michigan Relay Center for Hearing Impaired Dial 711